| Ä                                              | Best Available Copy                            |                                                                |                |                      |                                            |                   |         |                              |                        |    |                     |                   |                  |  |
|------------------------------------------------|------------------------------------------------|----------------------------------------------------------------|----------------|----------------------|--------------------------------------------|-------------------|---------|------------------------------|------------------------|----|---------------------|-------------------|------------------|--|
| 5 500.10                                       |                                                |                                                                |                |                      |                                            |                   |         | Application or Docket Number |                        |    |                     |                   |                  |  |
| F                                              | PATENT AI                                      | D                                                              | 9/733891       |                      |                                            |                   |         |                              |                        |    |                     |                   |                  |  |
|                                                |                                                |                                                                |                |                      |                                            |                   |         | ALL EN                       |                        | OR | OTHER'SMALL E       |                   |                  |  |
| TOTAL CLAIMS                                   |                                                |                                                                |                |                      |                                            |                   |         | RATE                         | FEE                    |    | RATE                | FEE               | $\Box$           |  |
| FOR                                            |                                                |                                                                | NUMBER FILED   |                      | NUMBER EXTRA                               |                   | BA      | SIC FEE                      | 355.00                 | OR | OR BASIC FEE 7      |                   | 00               |  |
| TOTAL CHARGEABLE CLAIMS                        |                                                |                                                                | 13 minus 20=   |                      | •                                          |                   | Ľ       | K\$ 9=                       |                        | OR | X\$18=              |                   | 4                |  |
| INDEPENDENT CLAIMS                             |                                                |                                                                | 3 minus 3 =    |                      |                                            |                   |         | X40=                         |                        | OR | X80=                |                   | _                |  |
| MULT                                           | IPLE DEPENT                                    | DENT CLAIM PF                                                  | RESENT         |                      |                                            |                   |         | 135≃                         |                        | OR | +270=               |                   |                  |  |
| _ /                                            | ie difference                                  | in column 1 is i                                               | less than zer  | ro, ente             | ri "O" in co                               | in column 2       |         | OTAL                         |                        | OR | TOTAL               |                   |                  |  |
| 9/2                                            | 19/2 CL                                        | s                                                              | MALL E         | ENTITY               | OR                                         | OTHER<br>SMALL E  |         |                              |                        |    |                     |                   |                  |  |
| A F                                            | 15                                             | (Column 1) CLAIMS REMAINING AFTER AMENDMENT                    |                | HIGH<br>NUW<br>PREVI | IMIN 2)<br>HEST<br>MBER<br>NOUSLY<br>O FOR | PRESENT EXTRA     |         | RATE                         | ADDI-<br>TIONAL<br>FEE |    | RATE                | ADD<br>TION<br>FE | IAL              |  |
| Se L                                           | Total                                          | · 13                                                           | Minus          | .8                   | 20                                         | -2                |         | X\$ 9=                       |                        | OR | X\$18=              |                   |                  |  |
|                                                | Independent                                    | . 3                                                            | Minus          | 3                    | \$                                         | -ф                | I       | X40=                         |                        | OR | X80=                |                   |                  |  |
|                                                | FIRST PRESE                                    | NTATION OF M                                                   | ULTIPLE DEP    | ENDEN                | IT CLAIM                                   | لصل               |         | +135=                        |                        | OR | +270=               |                   |                  |  |
| 3                                              | 117:4                                          | 2                                                              |                | •                    |                                            |                   | L       | TOTAL                        | <u> </u>               |    | TOTAL               |                   | ㅓ                |  |
| ,                                              | 11                                             | (Column 1)                                                     |                | (Cot                 | umn 2)                                     | (Column 3)        | AL      | ODIT. FEE                    |                        | 7- | ADDIT. FEE          |                   |                  |  |
| AMENDMENT B                                    |                                                | CLAIMS REMAINING AFTER AMENDMENT                               |                | HIG<br>NUI<br>PREV   | HEST<br>IMBER<br>VIOUSLY<br>ID FOR         | PRESENT<br>EXTRA  |         | RATE                         | ADDI-<br>TIONAL<br>FEE |    | PATE                | ADI<br>TION<br>FE | NAL              |  |
|                                                | Total                                          | . 14                                                           | Minus          | 6                    | 20                                         | 14                |         | X\$ 9=                       |                        | OR | X\$18=              | <u> </u>          |                  |  |
|                                                | Independent                                    | 3                                                              | Minus          |                      | 3                                          | -4                |         | X40=                         |                        | OR | X80=                |                   |                  |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                                |                                                                |                |                      |                                            |                   |         | +135=                        |                        | ОЯ | +270=               |                   |                  |  |
|                                                |                                                |                                                                |                |                      |                                            |                   |         | TOTAL                        |                        | OR | TOTAL<br>ADDIT, FEE |                   |                  |  |
| 4                                              | 129/04                                         |                                                                | <b>/</b>       |                      | _                                          |                   |         | 1                            |                        |    |                     |                   |                  |  |
| AMENDMENT C                                    |                                                | (Column 1) CLAIMS REMAINING AFTER AMENDMENT                    |                | , NU<br>PRE          | GHEST<br>JMBER<br>VIOUSLY<br>JD FOR        | PRESENT<br>EXTRA  |         | RATE                         | ADDI-<br>TIONAL<br>FEE |    | RATE                | TIO               | DI-<br>NAL<br>EE |  |
|                                                | Total                                          | . 14                                                           | Minus          | . 6                  | 20                                         |                   | $\prod$ | X\$ 9=                       |                        | OR | X\$18=              |                   |                  |  |
|                                                | Independent                                    | . 3                                                            | Minus          |                      | <u>3</u>                                   | - /               | ] [     | X40=                         |                        | OR | X80=                | 17                |                  |  |
|                                                | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                                                |                |                      |                                            |                   | ነ  -    | +135=                        |                        | OR |                     | 11                |                  |  |
| . 11                                           | If the entry in col                            | L                                                              | TOTAL          |                      | OR                                         | TOTAL             |         | _                            |                        |    |                     |                   |                  |  |
| ****                                           | If the "Liebest Sh                             | lumber Previously I<br>lumber Previously<br>Imber Previously P | Paid For IN TH | HIS SPAC             | Is less th                                 | ran 3. enter "3." |         | DDIT. FEE<br>Id in the ex    |                        |    | AUUII. FEE          | سيسما :           |                  |  |